

**ELECTRONIC**  
**INSTRUCTIONS FOR COMPLETING**  
**STATISTICAL AND COST SUMMARY**  
**FOR LONG TERM CARE FACILITIES**  
**FACILITY 2007 COST REPORTING PERIOD**

**GENERAL INSTRUCTIONS**

To prepare the facility cost report in either hard copy form or by using the Excel electronic format, we ask that you please follow the:

**INSTRUCTIONS FOR COMPLETING STATISTICAL AND COST SUMMARY  
FOR LONG TERM CARE FACILITIES FOR THE FACILITY 2007 COST  
REPORTING PERIOD.**

It is important that you use this document in the preparation of your cost report so that it will be comparable to other nursing facilities throughout the state.

A copy of the **INSTRUCTIONS FOR COMPLETING STATISTICAL AND COST SUMMARY  
FOR LONG TERM FACILITIES FOR THE FACILITY 2007 COST REPORTING PERIOD** has been mailed to your facility. However, if you require another copy, please feel free to contact this office by phone, at (605) 773-3643, or by writing to the following address:

Office of Provider Reimbursement and Audits  
Department of Social Services  
700 Governors Drive  
Pierre, South Dakota 57501-2291

**INSTRUCTIONS FOR CREATING THE ELECTRONIC REPORT**

Please read all instructions before starting.

- Insert the floppy disk that you received from the Office of Provider Reimbursements in your disk drive.
- Using your spreadsheet program, retrieve the file NF2007CR.XLS. (Remember this program was created in Excel format).
- Re-name the file with your T-XIX provider number and use this as the name of your worksheet and for the file you submit to this office. (Example: 0150000.XLS)
- When entering cost report data, please use only upper case letters - for all data entered.
- When entering dates use the following format:  
July 30, 2007 would be entered as '07/30/07. Dates must be preceded by the ' symbol. (This treats the entry as a label instead of a value)
- Enter all numbers to the nearest dollar, **DO NOT** enter periods or cents and if using formulas that retrieve the costs from another sheet please use the round function to eliminate the cents, (example - \$489.60 would be entered as \$490)

## Electronic Filing Instructions Continued

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- When entering numbers, enter only the number - **DO NOT** use commas.
- Data can only be entered in the cells that are unprotected. If the computer “beeps” at you while entering data, you have attempted to enter data in a protected cell. To correct this problem, click ok, then move to the proper cell, and re-enter the data.
- Error checks have been incorporated into this program and are located throughout the worksheet file. If you encounter an error check, it will be necessary for you to:
  1. Review your data entries
  2. Correct any inaccuracies that may have occurred.

## SCHEDULE LOCATIONS

**COVER PAGE** - The Cover Page is very important in that the facility’s general and statistical information is entered here. The Cover Page consists of five (5) sections, as follows:

### Cover Page - Section I - General Information

QUESTION (Line Number)	CELL REFERENCE (Location)
1.	E9
2.	E11
3.	D13
4.	D15
5.	I15
6.	G17-I17

### Cover Page - Section II - Type of Ownership

A-1.	E23
A-2.	E24
B-1.	H23
B-2.	H24
B-3.	H25
C	C29 through C31
D	F29 through F31

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#### Cover Page - Section III - Statistics

1. I35
2. I37, K37
3. I39, K39
4. I41
5. I43
6. I45
7. I47
8. I49
9. To be completed by the Department.

#### Cover Page - Section IV - Totals

**The Department will complete this section.**

#### Cover Page - Section V - Contact Information

1. C61
2. H61

**SCHEDULE A** - Schedule A begins at cell N1.

When entering data in the adjustment columns of T and V, remember that the adjustments must be entered as either a positive or a negative number.

To ensure accurate entry of data, you may “freeze” the worksheet titles by placing your pointer in cell R9 and using the freeze panes command which is located in the windows menu. This will enable you to move across and down the worksheet file while maintaining line and column titles. To clear the “freeze” option of the worksheet titles, use the unfreeze panes command located in the windows menu.

Error messages can be found beginning in column AD9. If an error message appears, it will be necessary for you to review your entries and correct any inaccuracies that may have occurred.

**SCHEDULE B** - Schedule B begins at cell AG1

To answer question I, place an X in either cell AH8 or AJ8.

Question II (if applicable) is completed at cell AK10.

The balance of the schedule is completed in cells AG20 through AM38. (See regular instructions for more details).

**SCHEDULE C** - Schedule C begins at cell AO1.

It is completed in cells AR12 through AX56. **USE ONLY POSITIVE NUMBERS ON THIS**

**SCHEDULE.** Error messages can be found beginning in column AZ12. If an error message appears, it will be necessary for you to review your entries and correct any inaccuracies that may have occurred.

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**SCHEDULE D** - Schedule D begins at cell BB1.

Please place an X in cell BC4 if this schedule does not apply to your facility.

**SCHEDULE E** - Schedule E begins at cell BH1.

Data must be entered in cell BL5 through BL62.

**SCHEDULE F** - Schedule F begins at cell BN1.

Data must be entered in cell BR10 through BX36.

**SCHEDULE G** - Schedule G begins at cell CA1.

Please enter an X in cell CD7 if this schedule does not apply to your facility. Data must be entered in cells CC15 through CQ23.

**SCHEDULE H** - Schedule H begins at cell CT1.

Please enter an X in cell DB4 if this schedule does not apply to your facility. Data must be entered as follows:

Line 1 - DA7 and DA8

Line 2 - Place an X in either DB11 or DD11

The balance is entered in CW17 through DG61.

**SCHEDULE I** - Schedule I begins at cell DI1.

Data must be entered in cell DI8 through DK94.

**SCHEDULE M** - Schedule M begins at cell DM1.

Data may be entered in cell DX4 through DX58.

**SCHEDULE N** - Schedule N begins at DZ1.

Place an X in cell EG3 if this schedule does not apply to your facility.

Data may be entered in cells EB13 through ER30.

**Electronic Filing Instructions Continued**

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**SCHEDULE O** - Schedule O begins at cell EU1.

Place an X in the **YES** (Col. EX6 through EX18) or **NO** (Col. EZ6 through EZ18) column for questions 1-8.

Other data may be entered as follows on the following line numbers:

9. - EX20	14. - EX33
10. - EX22	15. - EX39
11. - EX24	16. - EX44
12. - EX26	17. - EX46
13. - EX30	

**SCHEDULE O-1** - Schedule O-1 begins at cell FB1.

Dates in columns FD and FF may be changed to reflect your facility's year-end. (Please follow the same format for dates as mentioned in the general instructions)

Data may be entered in FH10 through GL45. (It may be useful to use the /WTB command on this schedule)

Data to be included on this schedule are as follows:

- a) all physical present days
- b) all paid reserve bed days including hospital days in excess of five.
- c) all advance reserve bed days
- d) all days of uncompensated care whether the resident is or is not there

When entering hospital days, include the total hospital days. In the column labeled "**EXCESS**" report the **RESERVE BED DAYS** in excess of five for each period of hospitalization.

**EXAMPLE**

Facility has ten hospital days and five of those ten are "excess days". The facility should report the ten days in the hospital column and five in the excess column and **NOT** five in the hospital column and five in the excess column.

**SCHEDULE P - ATTESTATION PAGE**

Please remember that all facilities who choose to use the computer report format must also complete Schedule P, the ATTESTATION Page, in **hard copy** form, and return it to the Office of Provider Reimbursements and Audits with the computer disk report.

**NOTE:** Please remember to use the “INSTRUCTIONS FOR COMPLETING STATISTICAL AND COST SUMMARY FOR LONG TERM CARE FACILITIES” in affiliation with the above stated instructions.

If you encounter any problems with this program, please call the Office of Provider Reimbursements and Audits. Telephone number: (605) 773-3643